



Office of the Board of Assessors
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Chairperson

Lisa M. Alberto

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REQUEST TO CHANGE MAILING ADDRESS

☐ Real Estate

☐ Personal Property

Today's date: _____

Name: _____

Address of subject property: _____

Current mailing address: _____

Requested mailing address: _____

Do you own this property: Yes _____ No _____

If No, state your authorization: _____

Your signature: _____

Your phone number: _____

Date received by Assessor's Office: _____

Completed by: _____

Property Parcel ID #: _____ Map: _____ Block: _____ Lot: _____